AO 435
(Rev. 03/08)

Administrative Office of the United States Courts

TRANSCRIPT ORDER

FOR COURT USE ONLY
DUE DATE:

Please Read Instructions:

1. NAME David G. Halpern c/o Jenilyny Monfray

2. PHONE NUMBER (512) 475-4120

3. DATE 5-4-10

4. MAILING ADDRESS P.O. Box 12548

5. CITY Austin

6. STATE TX

7. ZIP CODE 78711

8. CASE NUMBER H-08-1273

9. JUDGE Nancy Atlas

DATES OF PROCEEDINGS

10. FROM 3/9/10

11. TO 3/9/10

12. CASE NAME Fisher v. UTMB + David Watson

LOCATION OF PROCEEDINGS

13. CITY Houston

14. STATE TX

15. ORDER FOR

- [ ] APPEAL
- [x] NON-APPEAL
- [ ] CRIMINAL
- [x] CIVIL
- [ ] CRIMINAL JUSTICE ACT
- [ ] IN FORMA PAUPERIS
- [ ] BANKRUPTCY
- [ ] OTHER *(Specify)*

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
[ ] VOIR DIRE		[ ] TESTIMONY (Specify Witness)	
[x] OPENING STATEMENT (Plaintiff)	3-9-10		
[x] OPENING STATEMENT (Defendant)	3-9-10		
[x] CLOSING ARGUMENT (Plaintiff)	3-9-10	[ ] PRE-TRIAL PROCEEDING (Spcy)	
[x] CLOSING ARGUMENT (Defendant)	3-9-10		
[x] OPINION OF COURT	3-9-10	[x] OTHER (Specify)	entire settlement hearing
[ ] JURY INSTRUCTIONS			
[ ] SENTENCING			
[ ] BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL

18. SIGNATURE David Halpern

- [ ] EMAIL ONLY REQUIRED
- [x] EMAIL AND HARD COPY REQUIRED
- [ ] EMAIL ADDRESS:

19. DATE 5-5-10

david.halpern@oag.state.tx.us

20. TRANSCRIPT TO BE PREPARED BY

ERO

COURT ADDRESS

515 Rusk Ave.
Houston, TX 77002

	DATE	BY		
ORDER RECEIVED				
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